

PostScript

LETTERS

Drugs for the treatment of gastro-oesophageal reflux: in search of clear evidence-based indications

Keady¹ presents some updated guidelines on the drug treatment of gastro-oesophageal reflux (GOR) and gastro-oesophageal reflux disease (GORD). However, in order to provide clear management guidelines, we believe that the review should have first addressed the definition of GOR (ie, physiological) versus GORD (ie, pathological). In fact, the results of a recent survey on the knowledge, attitudes and practice styles of North American paediatricians regarding GOR show that many infants are still inappropriately treated for GORD when all they have is physiological GOR.² The first important goal of future educational efforts should therefore be directed to avoid over-treatment of "happy spitters" (ie, GOR). Secondly, in his conclusions Keady correctly stresses that "the majority of drugs used have limited robust data supporting their use". However, some evidence from randomised controlled trials (RCTs) is now available, but it is not clearly reflected by the practice guidelines suggested by Keady. An example of this is the use of prokinetic drugs (domperidone or erythromycin), in association with an appropriate acid suppressant, recommended for the treatment of moderate to severe GORD. A recent systematic review of RCTs showed that, even from the limited evidence available (the four RCTs were also named by Keady), domperidone does not appear to be more effective than placebo in reducing symptoms of GOR and GORD.³ Given the usually benign nature of GOR, the widespread use of prokinetic drugs is therefore not indicated. In severe cases of GORD, where medical management is required, available evidence suggests that domperidone is not indicated either. Its use could be re-considered if further data were to provide robust evidence of a favourable risk-benefit profile. The overall variability in practice style and lack of conformity with NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition) GORD guidelines⁴ merit further efforts in education and in terms of guideline availability based on the results of good clinical trials with relevant outcome measures.

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Competing interests: None declared.

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- 3 Richard DS, Baber N, Stephenson T. Should domperidone be used for the treatment of gastro-oesophageal reflux in children? Systematic review

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EWTD: different solutions for different hospitals

Campbell and Spencer have enumerated the challenges that the European Working Time Directive (EWTD) presents.¹ The basis of the problem appears to be that doctors in training will have to be grouped together in larger cells with a minimum of 10 on each rota. The rationale behind this assertion is that exposure to useful training time in clinics and non-acute work will be eroded with smaller numbers on a rota.² This may well be the case in the context of a large hospital with many sub-specialist clinics and day time training opportunities, but it does not recognise the importance of learning to assess and manage the acutely ill child.

Our experience is that 62% of admissions from the emergency department occur outside of the normal working day. These unwell children are a precious training resource which is only of value at the time when they are assessed and managed in the acute situation. If these admissions are to provide useful training opportunities, trainees must have access to appropriate supervision out of hours.

The corollary of increasing numbers on a rota is that more doctors are present during the normal working day. With 10 in a cell there will be an average of six doctors present during the normal working day. This is more than is needed in a smaller district general hospital.

We have maintained a 2009 EWTD compliant middle grade rota over the last year with seven doctors. The educational value of the training posts has been affirmed by both the College and the Deanery and this has been achieved by ensuring an appropriate level of out of hours consultant supervision. We believe that this model should be considered when facing the challenges of the EWTD, particularly in the context of more remote district general hospitals.

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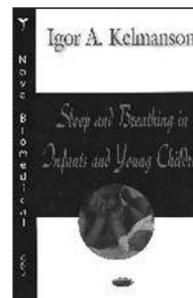
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BOOK REVIEW

Sleep and breathing in infants and young children

Edited by Igor A Kelmanson. Published by Nova Biomedical Books, New York, 2006, £71.99 (hardback), pp 226. ISBN-10: 1-60021-279-4



The increasing interest and awareness of the importance of sleep in paediatrics and childhood development have been matched by the emergence of a series of books on sleep medicine in childhood and adolescence. Many such publications are multi-author works, so it is nice to see a single author book in this

competitive market. However, as the title suggests, a major focus of the book is the relationship between sleep and breathing, which may reduce the breadth of its appeal. Nevertheless, the book is aimed at both a general paediatric audience as well as the slew of interested specialists who have gathered around this particular area of clinical interest.

The book is written primarily as a summary of the author's clinical experience with reference to the relevant literature. The text therefore reads very much like a personal practice paper. The layout is logically ordered, initially covering the underlying physiology of sleep and breathing before looking at different forms of sleep disorder and sleep disordered breathing. The final section concentrates on sudden infant death.

Unfortunately the book's layout does not help the reader access the information easily; the text is printed in a single column and the black and white graphics feel rudimentary and look rather stark.

The book contains many typographical errors which one would hope would have been picked up at the proof-reading stage, and I found their persistence rather irritating. The style of writing is also quite perplexing. Some passages read relatively easily, while others made me think that English is not the author's first language. These issues also compromise the book's accessibility.

In other parts of the book subject matter is repeated; for example, in the chapter on obstructive sleep apnoea syndrome, the equal sex ratios in pre-pubertal children with this condition is mentioned on one page and referenced appropriately, but this same fact is repeated with the identical reference on the next page. During this section, the review of symptoms and risk factors for obstructive sleep apnoea syndrome is punctuated by the citation of a specific study in a way that made it hard to make any sense of the topic and completely interrupted the flow of the text.

Overall these factors make the book feel clunky and awkward in the way it reads, which is probably also due to the unusual idiom the author uses.

This book retails at a cost of £71.99 which is expensive if you are considering buying it for a small or cash-poor departmental library. I think it unlikely that the book will attain the status of a standard text in this area of paediatrics until the presentation, layout, proofing and language of the contents are subject to revision and further refinement.

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